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## Title:

Editorial – 10 years of Medical Humanities: a decade in the life of a journal and a discipline

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A characteristic feature of the emergence of new subdisciplines is the development of a journal, and it might seem that this is what happened when *Medical Humanities* first appeared on the scene ten years ago. But an examination of the history of medical humanities shows that it does not fit so readily into this simple pattern.

The term 'medical humanities' was coined in the United States in the 1960s, but gained currency in Britain only gradually in the 1990s. For some this did indeed approximate to a new medical subdiscipline, re-establishing and promoting the neglected relationship between medicine and the arts; but for others it was a novel interdisciplinary perspective which sought to reunify the arts and sciences in medicine as a whole and so provide a more rounded and humanitarian approach that rejected the notion of a subdiscipline altogether.

These contrasting views, dubbed 'additive' and 'integrated' respectively, have meant that the rationale for medical humanities has always been contested. This has led some to challenge the academic credentials of this new enterprise because they cannot be clearly located within an established and respected parent discipline. For others the whole point has been to create a new academic space capable of transcending conventional disciplinary rules. So, not surprisingly, no single defined academic pattern has arisen that could provide a readymade audience for a journal; instead, a diverse group of academics, practitioners and interested citizens coalesced through a groundswell of common concern about the overall direction and shortcomings of medicine and health care.

This set of factors has then been reflected in the origins and growth of *Medical Humanities*. First of all it did not arise as a stand-alone journal, but was fashioned and remains as a special issue of the *Journal of Medical Ethics*, the long-established and highly regarded journal of the Institute of Medical Ethics, and a part of the BMJ Publishing group. The *Journal of Medical Ethics'* then-Editor (and a doyen of British medical ethics), Raanan Gillon, saw – then as now – a creative continuity between medical ethics and medical humanities, and he first suggested the possibility of a regular humanities special edition of the *JME*. It was from this suggestion, and from the sensitivity of the Institute and of the Publishing Group to the generalised concern about medicine's direction, that the possibility of a new Journal was conceived.

We believe that this unusual genesis of *Medical Humanities* has been critical in both setting it in a viable context and broadening the philosophical scope of the *Journal of Medical Ethics*. It has enabled *Medical Humanities* to attract an eclectic range of authors and readers, reflected in the content and methodologies of the papers submitted. For those accustomed to traditional disciplinary boundaries this may seem a weakness, but from a wider and we think appropriate perspective it strikes just the right note in fostering what is still the gestational phase of medical humanities in the UK.

Of course, much happens even in a gestational phase – especially one lasting ten or more years. *Medical Humanities* was launched amid both excitement and scepticism; if hopes were high, then the immediate prospects were challenging. In 2000 activity in the field was largely the preserve of isolated and dispersed lone enthusiasts, stubbornly identifying and occupying niches of academic sociability within home departments that were, more often than not, bastions of disciplinary

parochialism. Just one single specialist taught Master's was available, at University of Wales Swansea, and the first research centre was being launched in Durham University more or less on the basis of charitable funding for secretarial support.

The truth was that, whatever the rhetoric of research councils and research strategists, there was almost no money in Britain for new ventures in medical humanities' brand of interdisciplinarity, and, if medical schools occasionally warmed to the prospect of a solitary tame humanities scholar decorating reserved areas of their taught curricula, humanities departments as such (anxiously guarding conventional research funding) wanted none of it. There was no academic association for 'medical humanists', although an appetite for such was starting to emerge. The Nuffield Trust had convened a number of meetings bringing together those interested in medical humanities and arts-in-health, culminating in the 1999 'declaration of Windsor' that sought to make the field as it were self-aware, conscious of itself, and taken seriously by medical educators if not yet policy makers.

Even so, whilst specialist seminars and symposia slowly began to spark, full-scale conferences were few and far between. Indeed, without the interest of University College London, relying on unprecedented funding in the UK from the Pfizer Medical Humanities Initiative (whose prior funding had been awarded only in the UK), there would probably have been none. Into this intriguing but somewhat infertile environment, *Medical Humanities* was launched.

Over the subsequent ten years both the journal and the field have budded forth, grown, developed and changed. In the broader field the changes have been essentially structural, allowing – one hopes – an intellectual flowering that may become increasingly apparent over time. A Nuffield Trust-funded Council for Medical Humanities, in effect the young field's de facto steering group for higher education purposes, gave way over the course of 2001-2 to a full-blown academic society, the United Kingdom and Ireland Association for Medical Humanities; its first full-scale academic conference was held in Durham in 2003 and has been an annual fixture – with one gap year – ever since. The venues have reflected the strengths of a growing number of centres of medical humanities activity – the University of Wales at Swansea, Peninsula Medical School at Truro, University College and King's College at London, University of Glasgow, Nottingham/Leicester Medical Schools, and – just over the horizon – University College Cork representing the first hosting of the AMH in Ireland.

En route, the mutually-nurturing relationship between the Association and this Journal led to a formal affiliation between the two, reflecting a relationship frequently to be found in academic associations in other fields. The maturing range and sophistication of content in the Journal was naturally reflected, over the same period, in the breadth and scope of Association conference themes; although medical education has remained a perennial dimension of every conference (and will doubtless continue to do so), conference themes have increasingly extended beyond educational concerns into substantive literary and other artistic, cultural and philosophical studies ranging from the aesthetics of surgery to architecture and the health-impact of the built environment.

As the area under study has grown, so too has the need for credible sources of research funding, and this for a time proved a more stubborn problem. The Nuffield Trust, whose pioneering funding of essentially scoping and consciousness-raising

work had been frankly heroic, could not be expected to continue for long in the role of sole funder; but who was to step into and extend the role? The Arts and Humanities Research Council (still a Research Board at the time) flirted with medical humanities funding for an agonisingly long period before eventually withdrawing, at least for a time. No other Research Council then seemed willing to invest significantly, and the search remained for an alternative source of funding. Our own initial approach to the Wellcome Trust to consider the field's merits actually predated the inception of the Journal, and at the time was courteously deferred. However the Wellcome Trust did begin to brand other funding – history of medicine, biomedical ethics – under the 'medical humanities' label, and a strategic review of funding led ultimately to the announcing in 2007 of a Strategic Award Competition in Medical Humanities. Two awards – to King's College London and to Durham University, with a combined value of nearly £4m – were made in 2008 and the Trust's landmark stature in funding continues with further strategic awards now a real possibility. As we write, the UK Government's Comprehensive Spending Review is awaited with foreboding; and yet it remains the case that the funding possibilities open to medical humanities scholars in Britain have never been so substantial as now.

The Journal's role in this has been pivotal, with increasingly influential original papers confirming the field's academic credibility in the eyes of naturally-cautious funders. At the same time the Journal has maintained its forum for initiatives and debates squarely relevant to practitioners. It is of course invidious to single out particular contributions, but a flavour can be gained from even a small selection of distinctive papers of interest to academics and practitioners alike such as those by Holm,<sup>i</sup> Pickering,<sup>ii</sup> Downie,<sup>iii</sup> Giordano,<sup>iv</sup> Pattison,<sup>v</sup> Bromage,<sup>vi</sup> Underwood<sup>vii</sup> and Louhiala & Puustinen.<sup>viii</sup>

The Journal has over ten years graduated from its early role of instigation and exhortation, into what we trust will be a long 'middle life' of stimulation and dissemination of influential ideas – and perhaps a certain modest regulation of the terms of debate within a more settled field of enquiry. Yet medical humanities as a field is, and surely should be, inherently provocative; so perhaps too comfortable a role, too established an oeuvre of 'canonical' work would risk the Journal's complicity in what Pattison has challengingly described as the 'death course of a discipline'.<sup>ix</sup> A far more creative alternative future is one in which the Journal spurs the field into what Kuhnians would recognise as its next 'revolutionary' phase; certainly this is the role we fervently wish to see the Journal continually playing whenever a current line of enquiry appears to have run its course.

From inception to future challenge, a journal reflects the people intimately involved in it, and as founding Editors we were privileged to work with Raanan Gillon as the most scrupulously liberal of 'editors-in-chief', and to enjoy excellent support from BMJ's specialist journals office. Editorial assistance was provided first by Ann Lloyd in London, then subsequently at Durham by Denise Reid; this was at the time of David Greaves' retirement as co-Editor, being succeeded in the role by Jane Macnaughton. Karen Elliott took over from Denise subsequently. Our Associate Editors John Saunders and Neil Pickering, and column editors Gillie Bolton, Deborah Kirklin and Richard Meakin, gave invaluable guidance and support. Throughout the period we were also very fortunate in the sterling service of the members of our

Editorial and Advisory Boards, a number of whom continue to serve to the present day. To all these individuals we are enduring grateful.

Our concluding thoughts turn to the future, of course, and this is our opportunity to offer the warmest of good wishes to Deborah Kirklin, who has been a passionate advocate of the field throughout the period in question, for the continuing success of the Journal under her Editorship. We appreciate enormously the generous invitation to write this tenth-anniversary Editorial, and we close our remarks with the observation – as practitioners and as readers! – that the flourishing of the Journal and the flourishing of the field of Medical Humanities are significantly linked. Their continued and extended joint flourishing is, emphatically, our fervent wish.

HME/DAG October 2010

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<sup>i</sup> Holm S. Changes to bodily appearance: the aesthetics of deliberate intervention. *J Med Ethics: Medical Humanities* 2000; 26(1): 43-48

<sup>ii</sup> Pickering N. The use of poetry in health care ethics education. *J Med Ethics: Medical Humanities* 2000;26 (1) :31–6.

<sup>iii</sup> Downie R S. Science and the imagination in the Age of Reason. *J Med Ethics: Medical Humanities* 2001; 27(2): 58-63

<sup>iv</sup> Giordano S. *Qu'un souffle de vent*: an exploration of anorexia nervosa. *J Med Ethics: Medical Humanities* 2002; 28(1): 3-8

<sup>v</sup> Pattison S. Medical humanities: a vision and some cautionary notes. *J Med Ethics: Medical Humanities* 2003; 29(1): 33-6

<sup>vi</sup> Bromage D. Prenatal diagnosis and selective abortion: a result of the cultural turn? *J Med Ethics: Medical Humanities* 2006; 32(1): 38-47

<sup>vii</sup> Underwood L.G. Now bounded, now immeasurable: perspectives on time in disability, in suffering and at end of life. *J Med Ethics: Medical Humanities* 2007; 33(1):11-15

<sup>viii</sup> Louhiala P., Puustinen R. Rethinking the placebo effect. *J Med Ethics: Medical Humanities* 2008; 34(2): 107-9

<sup>ix</sup> See reference [4].